Docket No. 2003-2052.CIP

## Declaration and Power of Attorney For Patent Application **English Language Declaration**

As a below named inventor, I hereby declare that:

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My residence, post office a	ddress and citizenship	are as stated below next to r	ny name,
I believe I am the original, first and joint inventor (if plushich a patent is sought or	ural names are listed b	f only one name is listed beloe elow) of the subject matter w	ow) or an original, hich is claimed and for
GRAFTED NETWORK INCO	RPORATING A MULTIF	PLE CHANNEL FLUID FLOW	CONNECTOR
the specification of which			
(check one)			•
☑ is attached hereto.			
□ was filed on	as	United States Application No	o. or PCT International
Application Number		•	
and was amended on			
		(if applicable)	
I hereby state that I have r including the claims, as am	eviewed and understan ended by any amendm	nd the contents of the above ent referred to above.	identified specification,
1.56, including for continu	uation-in-part applicatio he prior application and	ich is material to patentability ons, material information what the national or PCT interna	nich became available
application(s) for patent, o application which designat below and have also iden	r plant breeder's rights ed at least one countr ntified below, by chec s rights certificate(s), c	U.S.C. 119(a)-(d) or (f), or secrificate(s), or 365(a) of y other than the United Staking the box, any foreign or any PCT international appris claimed.	any PCT International ates of America, listed application for patent
Prior Foreign Application(s)			Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	

Prior Foreign Application(s)	)	. *	Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit und application(s) listed below:	der 35 U.S.C. Section 119(e)	of any United States provisional
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
I acknowledge the duty to disclos known to me to be material to	e to the United States Patent an patentability as defined in Title	aragraph of 35 U.S.C. Section 112, d Trademark Office all information e 37, C. F. R., Section 1.56 which and the national or PCT International
10/634,200	August 5, 2003	pending
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Mark J. Burns, Reg. No. 46,591 Robert J. Jacobson, Reg. No. 32,419

Send Correspondence to:

Mark J. Burns, Esq.

Haugen Law Firm PLLP

121 South Eighth Street, Suite 1130

Minneapolis, MN 55402

PATENT TRADEMARK OFFICE

Direct Telephone Calls to: (name and telephone number)

612/339-8300

Full name of sole or first inventor Manuel A. Villafana

Sole or first inventor's signature

P.O. Box 47946, Minneapolis, MN 55447

Citizenship

**United States** 

Post Office Address

P.O. Box 47946, Minneapolis, MN 55447

Full name of second inventor, if any

William E. Palmquist

Second inventor's signature

Residence

13005 - 58th Avenue North, #E, Plymouth, Minnesota 55442

Citizenship

**United States** 

Post Office Address

13005 - 58th Avenue North, #E, Plymouth, Minnesota 55442

Residence Citizenship United States Post Office Address  Full name of fifth inventor, if any Full name of signature Date Residence Citizenship Post Office Address  Full name of signature Date Residence Citizenship Post Office Address  Full name of signature Date Residence Citizenship Post Office Address	Full name of third inventor, if any Bruce Fletcher	
2580 Medicine Lake Boulevard East, Plymouth, Minnesota 55441  Citizenship United States Post Office Address  2580 Medicine Lake Boulevard East, Plymouth, Minnesota 55441  Full name of fourth inventor, if any Fourth inventor's signature Date Residence Citizenship United States Post Office Address  Full name of fifth inventor, if any Fifth inventor's signature Date Residence Citizenship Full name of sixth inventor, if any Sixth inventor's signature Date Residence Citizenship Post Office Address  Full name of sixth inventor, if any Sixth inventor's signature Residence Citizenship Citizenship Post Office Address	Third inventor's signature	Date
Citizenship United States Post Office Address 2580 Medicine Lake Boulevard East, Plymouth, Minnesota 55441  Full name of fourth inventor, if any Fourth inventor's signature Date Residence Citizenship United States Post Office Address  Full name of fifth inventor, if any  Fifth inventor's signature Date Residence Citizenship Full name of fifth inventor, if any  Full name of fifth inventor, if any  Fost Office Address  Full name of sixth inventor, if any  Full name of sixth inventor signature Date Residence Citizenship Post Office Address		
United States Post Office Address 2580 Medicine Lake Boulevard East, Plymouth, Minnesota 55441  Full name of fourth inventor, if any Fourth inventor's signature Date Residence Citizenship United States Post Office Address  Full name of fifth inventor, if any Fifth inventor's signature Date Residence Citizenship Post Office Address  Full name of sixth inventor, if any Sixth inventor's signature Date Residence Citizenship Post Office Address		
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Fourth inventor's signature  Residence  Citizenship United States Post Office Address  Full name of fifth inventor, if any  Fifth inventor's signature  Residence  Citizenship  Post Office Address  Full name of sixth inventor, if any  Sixth inventor's signature  Date  Residence  Citizenship  Post Office Address  Citizenship  Post Office Address		
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Sixth inventor's signature Date  Residence  Citizenship  Post Office Address	Full name of sixth inventor if any	
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